

# Fact Sheet

## Standard Plan Member Transitions

### County Playbook: NC Medicaid Managed Care

#### How can Standard Plan members change health plans?

Most NC Medicaid beneficiaries must enroll in a Standard Plan as part of the State’s transition to NC Medicaid Managed Care (Mandatory – Standard Plan). If these beneficiaries want to change their health plan, they can use one of the following request processes:

- “Without cause” change request
- “With cause” change request
- Request to Move to NC Medicaid Direct or a Local Management Entity/Managed Care Organization (LME/MCO)

	“Without Cause” Standard Plan Change Request	“With Cause” Standard Plan Change Request	Request to Move to NC Medicaid Direct or an LME/MCO
<i>Change request description</i>	<ul style="list-style-type: none"> <li>• Request made for any reason</li> <li>• Approval not required</li> </ul>	<ul style="list-style-type: none"> <li>• Request made for a special reason</li> <li>• Approval required</li> </ul>	<ul style="list-style-type: none"> <li>• Request made when needed services are only offered by NC Medicaid Direct or an LME/MCO</li> <li>• Approval required</li> </ul>
<i>When the request is used</i>	<ul style="list-style-type: none"> <li>• Within 90 days of Standard Plan enrollment</li> </ul>	<ul style="list-style-type: none"> <li>• After 90 days of Standard Plan enrollment</li> </ul>	<ul style="list-style-type: none"> <li>• At any time</li> </ul>
<i>Who submits the request</i>	<ul style="list-style-type: none"> <li>• Beneficiary</li> </ul>	<ul style="list-style-type: none"> <li>• Beneficiary</li> </ul>	<ul style="list-style-type: none"> <li>• Beneficiary or provider</li> </ul>
<i>When the request becomes effective</i>	<ul style="list-style-type: none"> <li>• First day of the following month</li> </ul>	<ul style="list-style-type: none"> <li>• First day of the following month</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Non-Service Associated Request:</b> First day of the following month</li> <li>• <b>Service Associated Request:</b> Retroactive to the date of the request</li> </ul>
<i>Who sends out Medicaid ID card</i>	<ul style="list-style-type: none"> <li>• New Standard Plan</li> </ul>	<ul style="list-style-type: none"> <li>• New Standard Plan</li> </ul>	<ul style="list-style-type: none"> <li>• NC Medicaid</li> </ul>



## “WITH CAUSE” STANDARD PLAN CHANGE REQUEST REASONS

Within the first 90 days of enrollment, Standard Plan members can change their health plan for any reason. After that, they can change their health plan if they have a special or “with cause” reason, such as:

- Moved out of their health plan’s service area
- Have a family member in a different health plan
- Cannot get all the related services they need from providers in their health plan, and there is a risk to getting the services separately
- A different health plan may be better for their complex medical conditions
- Long-Term Services and Supports (LTSS) provider is not in their health plan
- Health plan does not cover a service they need for moral or religious reasons
- Other reasons (poor quality of care, lack of access to covered services, lack of access to providers experienced in dealing with their health care needs)

## REMINDERS

- All health plan change requests are processed by the NC Medicaid Enrollment Broker.
  - **Phone:** 1-833-870-5500
  - **Website:** [ncmedicaidplans.gov](https://www.ncmedicaidplans.gov)
- Medicaid ID numbers do not change because of health plan changes.
- Providers verify beneficiary Medicaid eligibility through NCTracks.

Fact Sheets will be updated periodically with new information. Created May 12, 2022.  
For more information, please visit <https://www.medicaid.ncdhhs.gov/transformation>.